



# SIT CLD Student Form

(for Culturally and Linguistically Diverse Students)



Name: \_\_\_\_\_ School: \_\_\_\_\_ L1: \_\_\_\_\_ DPS ID#: \_\_\_\_\_

**\*Designated Consultant & Classroom Teacher to complete this form together.**

Has the **need for an interpreter** been considered for any communication/meeting(s) with parents? ☐ No ☐ Yes

1. Most recent  
**English Language Acquisition Assessment:**

<input type="checkbox"/> CELA	Beginning	Early Intermediate	Intermediate	Proficient	Above Proficient
<input type="checkbox"/> Other: _____					
Date: _____					
Check (✓) proficiency levels as on IC:					
Comprehension					
Listening					
Oral					
OVERALL					
Reading					
Speaking					
Writing					

**Language of Instruction:**

2. General Education Classroom – Mark (☒) those that apply. The student is in an...

- ☐ ELA-S class and receives **literacy** instruction in **Spanish**.  
☐ ELA-S class and receives **content** instruction (math, science, social studies) in **Spanish**.  
☐ ELA-S class and receives \_\_\_\_\_% of **literacy** and/or **content** instruction in **English**.  
☐ ELA-E class and receives both **literacy** and **content** instruction in **English**.  
☐ ESL or ELD resource services \_\_\_\_\_ hrs/day.  
☐ Have parents **waived ELA services**? ☐ No ☐ Yes

3. In which area is the student **having difficulty**?

- ☐ **BICS** (Basic Interpersonal Communicative Skills)  
☐ **CALP** (Cognitive Academic Language Proficiency)

Give examples: \_\_\_\_\_

4. Has this student ever received... **literacy instruction in L1?** ☐ No ☐ Yes

**content instruction in L1?** ☐ No ☐ Yes

When? \_\_\_\_\_ Where? \_\_\_\_\_ For how long? \_\_\_\_\_

5. List the schools student has attended and the language of literacy instruction:

School	Date	Grade	Language of Literacy Instruction		
			<input type="checkbox"/> Spanish	<input type="checkbox"/> English	<input type="checkbox"/> Other Lang. _____
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. List 2 **culturally responsive instructional strategies** that have had a positive impact on this student's learning.

- a. \_\_\_\_\_  
b. \_\_\_\_\_

7. List 2 **academic transfer skills into English** that have been explicitly taught and had a positive impact on this student's learning.

- a. \_\_\_\_\_  
b. \_\_\_\_\_

8. List 2 **sheltered English content instructional strategies** used with fidelity and consistency that have had a positive impact on this student's learning.

- a. \_\_\_\_\_  
b. \_\_\_\_\_

9. Compare/contrast student/family's **cultural beliefs, practices, & expectations** of school with school's cultural beliefs, practices, & expectations.

**Similarities:** \_\_\_\_\_ **Differences:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. List 2 **acculturation factors** that have impacted this student's learning and/or second language acquisition.

- a. \_\_\_\_\_  
b. \_\_\_\_\_

11. Have all **interventions** been designed and implemented in a way that considers **cultural and linguistic background** in order for this student to access the general education curriculum? ☐ No ☐ Yes. How? \_\_\_\_\_  
\_\_\_\_\_

12. Have you considered **progress monitoring best practices for CLDs**? ☐ No ☐ Yes

13. Have you **consulted** with any of the following **on-site resources**...

- |  |  |
|--|--|
| <input type="checkbox"/> ELA/ESL Teacher or ISA Rep. | <input type="checkbox"/> Special Education Teacher   |
| <input type="checkbox"/> ELA Facilitator             | <input type="checkbox"/> Speech/Language Pathologist |
| <input type="checkbox"/> School Nurse                | <input type="checkbox"/> School Psychologist         |
| <input type="checkbox"/> School Social Worker        | <input type="checkbox"/> Other                       |

What were the **results of this consultation**? (please attach)

14. Have you **consulted** with any of the following **off-site resources**...

- |   |
|---|
| <input type="checkbox"/> ELA Instructional Specialist               |
| <input type="checkbox"/> Community Resources                        |
| <input type="checkbox"/> Special Education Instructional Specialist |
| <input type="checkbox"/> Other                                      |

What were the **results of this consultation**? (please attach)